

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000571**

1. Entity Name

1610 CONVERSION LTD.

Principal Place of Business
1 N.E. 1ST STREET, SUITE 700
MIAMI FL 33132

Mailing Address
1 N.E. 1ST STREET, SUITE 700
MIAMI FL 33132

2. Principal Place of Business
13132 W. Dixie Hwy

3. Mailing Address
13132 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State
North Miami, Fl

City & State
North Miami, Fl

Zip
33161

Country
Dade

Zip
33161

Country
Dade

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1005673

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, PAUL
1 N.E. 1ST STREET, SUITE 700
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)
13132 W. Dixie Hwy.

City
North Miami FL **33161**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$360,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000023828	STREET ADDRESS	13132 W. Dixie Hwy.
NAME	1610 CONVERSION, INC.	CITY-ST-ZIP	North Miami, Fl 33161
STREET ADDRESS	1 N.E. 1ST STREET, SUITE 700		
CITY-ST-ZIP	MIAMI FL 33132		
DOCUMENT #		STREET ADDRESS	288003852702--2
NAME		CITY-ST-ZIP	-03/14/01--01073--009
STREET ADDRESS			***535.00 ***535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIG* **SIGURE REQUIRED** Paul Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/01 305-981-0311

Date

Daytime Phone #

0033899
AF

CR2E003 (11/00)